| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  5 1 6 PON H   |   |   |              |                      |                              |                  |            |                   |                        |     |                               |                        |
|---|---|---|--------------|----------------------|------------------------------|------------------|------------|-------------------|------------------------|-----|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |                      |                              |                  |            | SMALL ENTITY TYPE |                        |     | OTHER THAN<br>OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |   |   | 13           |                      |                              |                  |            | RATE              | FEE                    | ] [ | RATE                          | FEE                    |
| FOR   |   |   | NUMBER FILED |                      | NUMBER EXTRA                 |                  |            | BASIC FE          | E 370.00               | OR  | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=    |                      | * 0                          |                  |            | X\$ 9=            |                        | OR  | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |   |   | 3 minus 3 =  |                      | * O                          |                  |            | X42=              |                        | OR  | X84=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |              |                      |                              |                  |            | +140=             |                        | OR  | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |              |                      |                              |                  |            | TOTAL             | . 370                  | OR  | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |   |   |              |                      |                              |                  |            | SMALI             | ENTITY                 | OR  | OTHER<br>SMALL                |                        |
| AMENDMENT A   |   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVI | IEST<br>IBER                 | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | * \( \)                                   | Minus        | <i>*</i>             |                              | =                |            | X\$ 9=            |                        | OR  | X\$18=                        |                        |
|   | Independent   | * ) (                                     | Minus        | ENDEN!               | T () () ()                   | =                |            | X42=              |                        | OR  | X84=                          |                        |
| Ľ   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP  | ENDEN                | CLAIM                        |                  | J          | +140=             |                        | OR  | +280=                         |                        |
|   |   |   |              |                      |                              |                  |            | TOTA<br>ADDIT. FE |                        | OR  | TOTAL<br>ADDIT. FEE           | ,                      |
|   |   | (Column 1)                                |              |                      | mn 2)                        | (Column 3)       |            |                   |                        | _   |                               |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                   |                              | =                | ]          | X\$ 9=            |                        | OR  | X\$18=                        |                        |
|   | Independent   | *<br>NTATION OF M                         | Minus        | ***                  | T CL AIM                     | -<br> -          |            | X42=              |                        | OR  | X84=                          |                        |
| _   | I INST PRESE  | NATION OF MI                              | OLIFIC DEF   | CINDEIN              | CLAIM                        |                  | <u>ا</u> ا | +140=             |                        | OR  | +280=                         |                        |
|   |   |   |              |                      |                              |                  | ,          | TOTA<br>ADDIT. FE |                        | OR  | TOTAL<br>ADDIT. FEE           |                        |
|   |   | (Column 1)                                | 74/2007      |                      | mn 2)                        | (Column 3)       | 1          |                   |                        | _   |                               | ·                      |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                   |                              | =                | Į Į        | X\$ 9=            |                        | OR  | X\$18=                        |                        |
|   | Independent   | *   | Minus        | ***                  | T CLAIM                      | [=               | <b>┨</b>   | X42=              |                        | OR  | X84=                          |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                      |                              |                  |            | +140=             |                        | OR  | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |                      |                              |                  |            |                   |                        |     | TOTAL                         |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                              |                  |            |                   |                        |     |                               |                        |

Application or Docket Number